

The Potential of a Person-Centered Approach in Caring for Patients With Cancer: A Perspective From the UCLA Center for East-West Medicine

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Background: Evolving patient preferences as well as an expanding evidence base for commonly used complementary and alternative medicine therapies for patients with cancer have led to inroads by integrative medicine into clinical oncology. Traditional Chinese medicine (TCM) has been used in conjunction with conventional biomedicine in the prevention and treatment of cancer in China for several decades. **Methods:** The authors, through select review of the existing literature and by drawing on clinical experience, describe a person-centered approach to care of patients with cancer that incorporates TCM concepts and techniques. Two cases are used to illustrate how this approach might address unmet needs and enhance quality of life for patients with cancer. **Results:** TCM's emphasis on a comprehensive understanding of imbalance in various systems and resultant compromise of homeostatic reserve as well as its ability to treat them with distinctive therapeutic modalities can add unique value to the overall management of the patient with cancer. **Conclusions:** TCM can be used adjunctively to improve quality of life and functional status during a patient's struggle with cancer. An approach integrating both medicines that is guided by scientific evidence, safety, and patient preferences has the potential to improve modern oncologic care.

Keywords: *oncology; integrative medicine; traditional Chinese medicine; acupuncture*

Evolving patient preferences as well as an expanding evidence base for commonly used complementary and alternative medicine (CAM) therapies for patients with cancer have led to inroads by integrative medicine into clinical oncology. Cassileth and Deng¹ describe CAM therapies for cancer and review the efficacy and safety of selected therapies. Weiger et al² make evidence-based recommendations for advising patients with cancer about the use of specific CAM modalities. Conklin³ summarizes research on acupuncture for patients with cancer, providing guidance about clinical application. On a slightly different track, Wong et al⁴ provide insight into the Chinese

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medical framework, share some scientific data, and advocate for a supportive role of traditional Chinese medicine (TCM) in the management of cancer. Block et al⁵ argue the case for integrative cancer care, which is described as the management of patients with cancer in proposed optimal healing environments that use CAM modalities and practitioners under physician supervision in conjunction with appropriate conventional treatments.

In this article, we draw on the knowledge summarized by these authors and the extensive literature in China as well as our own clinical experience to describe a person-centered approach to care of patients with cancer. It is not intended to be a comprehensive review of TCM or of its use in patients with cancer. Readers interested in a comprehensive review of TCM oncology will find helpful the text by Li and colleagues⁶ as well as several review articles cited in the text. First, we introduce the reader to the conceptual framework of TCM, focusing on its application to the patient with cancer. Then, we describe our own clinical approach. Finally, we use 2 cases to illustrate how this approach might address some unmet needs and enhance quality of life for the patient with cancer.

The Conceptual Framework of TCM

TCM conceptualizes health and disease through a macroscopic and functional understanding of the human body as well as its energetic interaction with the social and natural environment. TCM emphasizes the centrality of dynamic homeostatic balance, innate self-healing mechanisms, and the inseparable nature of body, mind, and spirit.⁷ Diagnostic modalities unique to TCM include tongue and pulse diagnosis, whereas

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treatment interventions include acupuncture, Chinese herbal medicine, and body work. No less in importance, recommendations for lifestyle changes, body-mind exercises such as tai chi and qigong, and nutrition and dietary therapy are also emphasized and likewise guided by TCM theory. Concepts and techniques from TCM have been applied to the full spectrum of health and disease, including pain, infections, cardiovascular disease, and cancer.^{8,9}

Both allopathic physicians and TCM practitioners collect subjective and objective data with the goal of applying a diagnostic label to guide appropriate treatment. After identifying problems at the level of organs, tissues, cells, and molecules, the former arrive at a disease diagnosis separate from the individual in which it manifests. In contrast, TCM practitioners identify energetic blockages, discern functional dysregulation, and assess homeostatic reserve to arrive at a pathophysiological pattern unique to the patient and at that particular point in time.

The pattern diagnosis^{8,10} provides a snapshot of the body's dynamic response to endogenous and exogenous forces. The TCM practitioner weaves this pattern diagnosis by eliciting the patient's emotional and somatic complaints, dietary and climatic preferences, genetic and postnatal contributions to constitution, and prevailing emotional expression and coping style. The history is supplemented with the physical examination techniques of tongue and pulse diagnosis. This pattern diagnosis does not merely describe a collection of symptoms and signs; it also reflects the location and stage of pathogenesis created by the interaction between pathogenic factors and the body's defense and regulatory systems. In short, pattern diagnosis allows for a whole-person identification of dysfunction and dysregulation manifesting in the individual, thereby guiding treatment and providing prognostic information.

Delineation of this global diagnosis and dynamic conceptualization of the entire sick individual, one that cannot be isolated from the patient, has profound implications for therapeutics. Because of this preference for describing pathophysiological patterns as opposed to disease entities to guide therapeutics, clinicians place less emphasis on specific causal factors. This is particularly useful in chronic illness in which etiology is ill defined or multifactorial, as is usually the case. The patient with multiple diseases can be characterized by a single pattern diagnosis, with specific treatment directed at such a pathophysiological pattern. Cornerstones of TCM therapeutics include restoration of normal balance and flow in the body, strengthening and enhancing the body's endogenous resistance to disease, and individualization of therapy.

While conventional biomedicine may be more effective in treating acute problems and achieving results quicker, TCM therapeutics is especially adept at dealing with the underlying system breakdown.^{8,11}

Using Integrative East-West Medicine to Treat Patients With Cancer

Over the past several decades, clinicians and researchers in China have worked to integrate TCM concepts and techniques into modern oncologic practice to enhance efficacy of targeted treatments, prolong survival, decrease treatment side effects, and improve quality of life. Organized departments dedicated to integrative East-West oncology have proliferated within some major academic medical centers, and there are specialty textbooks and journals.⁶

A major accomplishment has been to understand the pharmacology of Chinese herbs and herbal formulas used in reversing the cancerous process.¹² Kanglaite, an extract of coix seed (Chinese pearl barley), is a commonly used anticancer preparation in China and has completed phase 1 evaluation in the United States.¹³ Despite appropriate concern for potential interactions, herbal medicines are used extensively in the treatment of patients with cancer, whether directed at the underlying cancerous process or to help the patient withstand toxicities of other treatments. In fact, chemotherapeutic regimens and herbal medicine have been combined at the clinical level over the past several decades with few reports of adverse events, though systematic surveillance for such events is only now beginning. We are far from being able to incorporate herbal medicine into cancer treatment here in the United States given the lack of adequate infrastructure with which to deal with botanicals, the increasing reports of clinically significant herb-drug interactions notwithstanding.^{14,15} In China, acupuncture and therapeutic massage are primarily used adjunctively, similar to their roles in clinical oncology here in the United States.

TCM practitioners diagnose and treat patients with cancer as they would patients with other diseases. Basic pathogenic factors, whether leading to cancer or other diseases, include external noxious stimuli of a metabolic, infectious, and mechanical nature; harmful psychological and emotional factors; and unhealthy lifestyle practices (eg, nutritional imbalances).⁶ According to TCM theory, the interaction of these factors with the patient's predetermined genetic susceptibility may result in the development of cancer and other diseases. Any factor, no matter how small, that increases the amount of noxious stimuli or decreases endogenous resistance can lead to the

development of or acceleration of the cancerous process.

The overall therapeutic approach is ultimately dependent on the prevailing pattern diagnosis, particularly with respect to the extent of the cancerous process within the individual. In general, during the early phase in which the cancer may be more localized and when the patient still has sufficient homeostatic reserve, the focus is to remove the local problem while at the same time using TCM to enhance the healing milieu. With further progression, the integration of systemic treatments from both medicines to reverse the cancerous process and provide support during toxic conventional treatments (while occurring in select oncologic centers in China) will require further study and clinical experience. In advanced situations, when the homeostatic reserve is low, the general approach is not to mount a rigorous attack but more to focus on enhancing the body's reserve and improving the patient's quality of life. The strength of TCM lies in its emphasis on enhancing the body's immunity, improving homeostatic reserve, and facilitating innate self-regulating and healing mechanisms.^{4,6,12,16}

Patient-Centered Care in Practice

The Center for East-West Medicine is an organized unit within the Department of Medicine at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). The center's clinical program has more than 12 000 patient visits each year, with most patients referred from within the UCLA system. Our clinicians, trained in biomedicine and traditional Chinese medical methods, offer comprehensive care with emphasis on health promotion, disease prevention, treatment, and rehabilitation. Patients suffer from a variety of illnesses, including but not limited to chronic pain conditions such as fibromyalgia, osteoarthritis, and refractory headaches; functional gastrointestinal disorders; anxiety and depression; women's health issues; and cancer-related problems. Treatment plans are developed to meet each patient's needs. Therapeutic strategies and techniques include patient education, medication adjustments, trigger point injections, acupuncture, acupressure, therapeutic massage, dietary and herbal counseling, and mind-body exercises.⁷ Based on our understanding of both medicines and through their careful orchestration, we have developed a highly versatile person-centered approach to clinical problem solving. We have reported elsewhere results showing a positive impact on patients' quality of life.¹⁷ In the following paragraphs, we describe how our approach is applied to individuals at different stages during their journey with cancer.

When patients with cancer come to the center, a comprehensive assessment of medical, psychosocial, spiritual, and functional status is performed. A complete standard medical history and physical supplemented by information and examination informed by TCM theory and practice would be obtained. With this overall diagnostic impression, clinicians develop a flexible, individualized therapeutic approach aimed to restore balance, flow, and homeostatic reserve from the entire range of modalities mentioned above.

Our clinicians spend a great deal of time helping patients deal with their emotions, especially anger, and provide tools to manage stress. We do so because TCM theory posits a direct link between psychological stressors and the genesis and perpetuation of the cancerous state. Biomedicine is only now beginning to explore this link, especially through the work of McEwen¹⁸ and others.^{19,20} The concepts of allostasis and allostatic load serve to provide a framework from which to understand how negative psychosocial factors might play etiologic roles in a variety of disease states, whether neoplastic, cardiovascular, or autoimmune in nature. We begin our discussions with patients by reminding them that cancer develops from the interaction of genetic predisposition with environmental factors. This discussion helps patients realize how various stressors might contribute to the cancerous process. Furthermore, we emphasize how the body might react to stress, whether from a patient's everyday lifestyle or from unforeseen and uncontrolled social and natural environmental influences. Our clinicians also help patients identify past, current, and potentially future triggers that might construct a terrain conducive to the development and progression of cancer. This discussion with patients is aimed to empower them, thereby boosting the body's endogenous resistance to disease.

We also work with patients in developing and nurturing self-help behaviors. Dietary recommendations include lowering the intake of saturated fat and fried foods; promoting use of fruits, vegetables, and grains such as barley; and increasing the intake of boiled and steamed foods.^{2,6} We teach patients how to stimulate acupuncture points that might help relieve common cancer-related symptoms or treatment-related adverse effects.^{3,21,22} There is increasing evidence to support the practice of mind-body exercises for the patient with cancer,^{23,24} and we often recommend TCM exercises such as tai chi^{25,26} and qigong.⁶ Self-care plans are designed for each individual with his or her unique constitution in mind and in the context of any conventional treatments that he or she may be receiving.

We find that myofascial pain syndromes and fibromyalgia are common among patients with cancer. Certain treatments, particularly surgery and

regional radiotherapy, may lead to the development of myofascial syndromes as a result of direct trauma on the soft tissues as well as overloading of certain muscle groups during prolonged generalized anesthesia.^{27,28} Other treatments, as well as the cancerous state itself, may contribute to the burden of perpetuating factors through adverse systemic, metabolic, endocrinologic, and nutritional influences.²⁹ Myofascial trigger points and tender points, aside from being partially or often solely responsible for pain, may directly cause or exacerbate many nonpain symptoms.³⁰ For example, muscle spasm and trigger points in the cervical region may lead to headaches, nausea, and dizziness. By recognizing and appropriately managing these treatable conditions, we can do much to improve the quality of life for many patients with cancer. This concept of somatic dysfunction is particularly relevant to our discussion, as the overlap between myofascial trigger points and acupuncture points has implications for both diagnosis and therapy.^{31,32}

Acupuncture is widely used because of demonstrated efficacy and safety,^{3,33-35} and it is a prominently used therapeutic modality in our clinical program. Its use by our clinicians is informed by TCM theory, the substantial research database demonstrating plausible biological explanation³⁶⁻³⁹ and efficacy^{33,35,40,41} as well as an understanding of myofascial trigger points and somatic dysfunction. We know that acupuncture may have beneficial effects for pain of articular and soft tissue origin,⁴²⁻⁴⁴ fatigue,⁴⁵ and subjective distress and anxiety.²² Perhaps the symptom with the most evidence for acupuncture's efficacy is nausea and vomiting, an extremely common problem in patients with cancer.^{34,46,47}

Manual therapies, in particular massage, are gaining wider acceptance in integrative oncology. The research database, in the past primarily documenting the physiologic effects of massage, is expanding with increasing numbers of well-designed studies demonstrating efficacy with respect to symptom control and quality-of-life measures.^{21,48-50} Some integrative oncology centers have successfully incorporated this therapeutic modality in both inpatient and outpatient settings. Many of our patients might receive *tuina*,⁶ or TCM therapeutic massage, as a component of their treatment regimen. All patients receive instruction in acupressure and self-massage techniques to ensure continuity of therapy and involvement of the patient in his or her own care.

To demonstrate the ways in which our patient-centered approach may enhance the quality of life of an individual with cancer, we present 2 illustrative cases. These patients came to us at different stages of their journey with cancer. In highlighting heuristic themes, we acknowledge the limitations of anecdotal

reports but believe that valuable insights can be gained.

Case 1

Case Presentation

A 74-year-old woman was referred for evaluation of pain from metastatic rectal cancer. She was initially diagnosed in 2001 with locally advanced disease, which required surgical resection and chemotherapy. Because of metastatic tumor mass in the pelvis invading the sacrum with neural foraminal involvement, the patient underwent chemoradiation and treatment with bevacizumab. The patient recovered from bowel perforation in late 2004, but sharp, stabbing pain in the left hip region with radiation down the lower extremity with associated paresthesias was a significant problem. She was initiated on long-acting morphine sulfate with short-acting morphine sulfate for breakthrough pain and gabapentin with some improvement. Dexamethasone was also prescribed with further incremental improvement. There was serious consideration for implantation of an intrathecal pump for continuous delivery of opioids.

Our examination demonstrated a cachectic woman with atrophy of the lower extremity muscles and no significant focal neurologic changes. Tender and trigger points were noted diffusely both axially and in the extremities, particularly in the lumbosacral, gluteal, and lower extremity regions.

Acupuncture, trigger point injections, and therapeutic massage were provided to this patient on a weekly basis. The patient's caregiver was taught how to administer massage for the patient at home. In consultation with the patient's primary physician, oncologist, and pain specialist, tapering of the corticosteroid was begun. After 3 weeks, the patient reported a modest decrease in requirement for breakthrough dosing of morphine sulfate, improved appetite, and renewed interest in activities such as cooking and reading the newspaper.

Discussion

This patient's malignancy was at an advanced stage, and she had suffered multiple insults in the form of several surgical procedures, rounds of chemoradiation, and an investigational treatment. Aside from excruciating pain, she experienced debilitating fatigue, sleep disturbance, weight loss, and deconditioning. While most physicians use narcotic medications prominently for pain in patients with cancer, we believe that there is oftentimes a significant myofascial contribution. In this situation, nondrug approaches such as trigger point inactivation, massage,

and acupuncture were quite effective.²⁹ We began treatment with trigger point injections, acupuncture, and therapeutic massage and opted not to institute a muscle relaxant because the patient was already on multiple central nervous system agents. We typically inject 0.2 mL to 1.0 mL of 1% lidocaine. The types of therapeutic massage that we have found most useful include TCM tuina therapy and myofascial release. Also integral to the treatment course was teaching the patient's daughter and caregivers how to administer massage. Ideally, our overall approach might activate the patient through pain relief, alleviation of distress, and improvement in well-being with possible secondary benefits of decreasing requirement for morphine sulfate and gabapentin.

Case 2

Case Presentation

A 47-year-old woman was referred for evaluation of multiple symptoms including nausea and vomiting and disabling fatigue arising from treatments for breast cancer. After lumpectomy and axillary node dissection in which pathology demonstrated estrogen and progesterone receptor positivity as well as HER-2/neu positivity and in which 10 of 30 lymph nodes were found positive for cancer, the patient underwent chemotherapy with adriamycin, cyclophosphamide, and taxotere. She developed overwhelming nausea and vomiting with poor response to granisetron and ondansetron, disabling fatigue for 5 days posttreatment, high anxiety state and depression, frequent early morning awakenings, episodic left arm pain, and appetite loss with 10-pound weight loss. Granisetron reportedly resulted in a syncopal episode. Aside from the intermittent aching discomfort in her left arm, she reported no other pain.

Our examination demonstrated an emotionally labile woman with multiple tender and trigger points noted diffusely both axially and in the extremities, particularly in the cervical region and shoulder girdles.

Acupuncture, trigger point injections, and therapeutic massage were provided to this patient on a weekly basis during adjuvant therapy. She was initiated on treatment with cyclobenzaprine at bedtime and taught self-care techniques inclusive of stretching exercises and acupressure. The patient completed her chemotherapy course, noting decreased requirement for antiemetic medications as well as improved sleep and well-being with this management approach.

Discussion

In this patient, treatment for her cancer aggravated preexisting tendencies to fatigue, insomnia, gastroin-

testinal disturbance, and psychiatric symptoms. The acupuncture prescription included points demonstrated in well-designed studies to relieve nausea and vomiting^{46,47} as well as improve fatigue.^{21,45} Cyclobenzaprine is an effective treatment for muscle spasm, and we often prescribe it at bedtime to take advantage of its major side effect, sedation. Trigger points in this patient's cervical region were treated with trigger point injections and therapeutic massage. To supplement treatment provided in the clinic, we taught the patient how to perform acupressure, self-massage, and stretching exercises.

Conclusion

Traditionally, oncology has been focused on eradicating disease through local treatments such as surgery and radiation and more systemic approaches in the form of chemotherapy. In recent years, advances have been seen in more targeted biological therapies as well as synergism that might occur with their combination with more traditional therapies. These approaches remain disease or cancer specific and do not adequately meet the needs of patients in whom the malignant condition manifests other than addressing the cancerous process.⁵ More recently, there has been increasing appreciation of the significant role of the immune system and the major influence that diet, exercise, and emotions play in the patient with cancer. Thus, the rise of integrative oncology.

We believe that TCM has much to offer to patients with cancer. TCM's unique diagnostic and therapeutic approaches, which are guided by an internally consistent theory and framework, complement current oncologic treatments, especially because TCM is concerned with balance in the whole person: body, mind, and spirit. The maintenance of optimal balance, preservation of sufficient homeostatic reserve, and alleviation of dysregulation are overarching therapeutic goals. We have presented an overview of how TCM might be incorporated into the care of patients with cancer.

While the evidence for acupuncture and massage in the management of nausea-vomiting and pain is robust, the integration of herbal medicine into oncologic care remains problematic and requires further research and study. Regarding the latter, China's accumulated clinical experience and emerging research database, much of which has not yet been translated into English, should be explored. However, we believe that it is the conceptual framework of TCM's overall approach to the patient, and not the individual modalities (whether needle or botanical based), that has the potential to improve modern oncologic care. Our center's clinical approach incor-

porates TCM's pattern diagnosis, an in-depth understanding of myofascial pain and somatic dysfunction, and the emerging person-centered orientation of integrative oncology with the goal of enhancing the care of patients with cancer, whether through prevention, treatment, or palliation.

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